FEC FORM

NO-15 : OF : NO: OM : OOOH-18-9

STATEMENT OF ORGANIZATION

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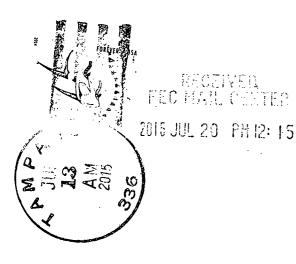
FUNIVI I					2015 JUL 2	3AL B. 134 12; 1	5
NAME OF COMMITTEE (in		(Check if name is changed)	Example: If typover the lines.		12FE4M5		
FRIENDS	OFIX	BOB, LEON	PRE PRIL	386 E]	I for 1	Dresider	, /
				11111		1 1 1 1	
ADDRESS (number an	d street)	1,2,0,7, 3,0,4	h Avenue	Egst			لنبي
☐ ◀ (Check if a is changed)	ddress	11111		<u> </u>			
		BR ADENT	P ₁ N ₁ 1 1 1 1 1		STATE A	208 <u> 208</u> - ZIP C	ODE A
COMMITTEE'S E-MA	IL ÀDDRESS	•••			•		
(Check if a	ddress	ARCAPLA	Pribble @	041,100	(101COB)		1115
		Optional Second E-Mai					
	. [11111		1111	
·				3			
COMMITTEE'S WEB (Check if a is changed						 	
	Ĺ		<u>. </u>				
2. DATE	M / D D	· C			•		
3 FEC IDENTIFIC	CATION NUM	BER • C	, , , , , , , , , , , , , , , , , , , 		·		, •
				- 	•		
4. IS THIS STATEM	IENT	NEW (N)	R 🔲 AME	ENDED (A)			
I certify that I have e	xamined this	Statement and to the	best of my knowledge	e and belief it	is true, correct a	nd complete.	
Type or Print Name of	of Treasurer		CORNE	54145		<u>.</u>	
at*	Y	orma Con	_		M M	/ /****** /	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Signature of Treasure	r <u>N</u> C	DRMA CUR	NELITIS		Date		لحصما
NOTE: Submission of		us, or incomplete informa				ne penalties of 5	2 U.S.C. §30109
Office Use Only			Federal E	er information co lection Commissio 800-424-9530 -694-1100		FEC FOI (Revised 06	_

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	COMMITTEE	
Candidat	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information belo	ow.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Co	omplete the candidate
Name of	information below.)	
Candidate	Robert Tribble H	
Candidate Party Affilia		State £
П	D € M	
(c) L	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Candidate	1 0 p a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Party Co	mmittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Delikiesi	Action Committee (DAC)	
	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
•	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) 	This committee supports/opposes more than one Federal candidate, and is NOT a separate	segregated fund or party
	committee. (i.e., nonconnected committee)	0
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for	or two or more political
<u></u>	committees/organizations, at least one of which is an authorized committee of a federal candida	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate. .	or two or more political
Cor	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
. 4.		
••		

Write or Type Committee Name

6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp	onsor
<u>C</u>	lamphalign latck	- 1 MAT 101 St MOI BIEIT TO POPULBER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
	Mailing Address		
		CITY STATE ZIP CODE	
	Relationship: Connected	ed Organization Affiliated Committee Joint Fundraising Representative Leadership PA	C Sponsor
7.	Custodian of Records: idea books and records.	ntify by name, address (phone number optional) and position of the person in possession of	committee
	Full Name	out he fribble	
	Mailing Address	1207, 30th Avenue Eigst	
		Bradentan, FL 34208	
		FL 34208-	
	Title or Position	CITY STATE ZIP CODE	
	Candidate.	Telephone number $\begin{bmatrix} 9 & 9 & 1 \end{bmatrix} - \begin{bmatrix} 7 & 9 & 8 \end{bmatrix} - \begin{bmatrix} 8 & 9 & 9 & 9 \end{bmatrix}$	2,7,0,41
8.	Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name and addressistant treasurer).	dress of
	Full Name of Treasurer		
	Mailing Address	BRARENTON	
	·	GTATE 34208 -	
	Title or Position	CITY STATE ZIP CODE CONSULTANT Telephone number Telephone number	104

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
		
Banks or Other Depositor safety deposit boxes or m	tories: List all banks or other depositories in which the committee deposits funds, he maintains funds.	olds accounts, rents
Name of Bank, Depository	ry, etc.	
11.18	RERICA PANK	
Mailing Address	1513180 FAST STATE ROAD 64 EAST	
3	N_1	
	BRADEN TOM	208
	CITY STATE	ZIP CODE
Name of Bank, Depositor	ry, etc.	
	·	
<u></u>		
Mailing Address		
	CITY STATE	ZIP CODE
Note: I	was given a title, the New King of	Arcadia"
	I de he the Sacasota Herald Iring	ne RENSpaper.
The ar	iticle is viewable on the shier in	-i .
L	GooGle Robert Pr	-ibble _



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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked Date of Receipt USPS First Class Mail **USPS** Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

(3/2015)